 TRANSMITTAL FORM (Not used for correspondence after initial filing)	Application Number	10/027,003	
	Filing Date	12/20/2001	
	First Named Inventor	Barry S. Bostik	
	Group Art Unit	2645	
	Examiner Name	Foster, Roland G.	
Total Number of Pages in this Submission	4	Attorney Docket Number	2000-0687

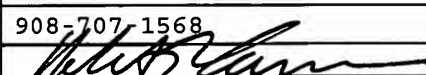
Enclosures (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input checked="" type="checkbox"/> Additional enclosure(s) (please identify below) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Issue Fee Transmittal (2 copies) Change of Correspondence Address </div>
Remarks Response to Notice of Allowance and Fee Due mailed 11/03/04		

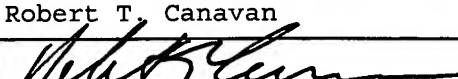
CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<div style="border: 1px solid black; padding: 5px; text-align: center;">Customer Number - 26652</div>	or <input type="checkbox"/> Correspondence address below	
NAME	Samuel H. Dworetsky			
ADDRESS	AT&T CORP., One AT&T Way, Room 2A-207			
CITY	Middletown	STATE	New Jersey	ZIP CODE 07921
COUNTRY	United States of America	FAX	908-532-1281	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Robert T. Canavan	Reg. #	37592
TELEPHONE	908-707-1568		
SIGNATURE		DATE	01/04/2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 01/04/2005			
Type or Printed Name	Robert T. Canavan		
Signature		Date	01/04/2005

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450